## Oxplete and see

## PART B - FEE(S) TRANSMITTAL

This form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All futurer indicated unless correcte maintenance fee notifica	ed below or directed otl	herwise in Block I, by (	a) specifying a new corre	spondence address; an	For (b) indicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
46073 7590 03/19/2009 Certificate of Mailing or Transmission						
				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
AUSTIN, TX 78716				(Depositor's name)		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R AT	TORNEY DOCKET NO.	CONFIRMATION NO.
09/998.392 11/29/2001		Bhupesh Gupta	****	AUS920011027US1	7315	
· · · · · · · · · · · · · · · · · · ·	: APPARATUS AND M	ETHOD OF HIGHLIGH	ITING CATEGORIZED V			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	96919/286	9 AWONDAF2 000000	06/19/2009 22
EXAM	INER	ART UNIT	CLASS-SUBCLASS	J 01 FC:150	1 1510.00 D	A
TRAN, QUOC A 217		2176	715-207000	02 FC:150	4 300.00 D	A
<ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)		<del>-</del> · .
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (R) DESIDENCE: (CITY and STATE OF COUNTRY)						
International Business Machines Corporation						
Armonk New York (1969) 4will not be printed on the patent): Individual Corporation or other private group entity Government						
<b>~</b> √			p. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)			
Issue Fee Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (1041) (enclose an extra copy of this form).			
a. Applicant claims	us (from status indicated SMALL ENTITY statu	ss. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  from anyone other than the applicant: a registered attorney or agent; or the assignee or other party in			
NOTE: The Issue Fee and nterest as shown by the r	I Publication Fee (if requeeords of the United Sta	uired) will not be accepted tes Ratent and Trademark	from anyone other than to Office.	he applicant: a registere	d attorney or agent; or the	he assignee or other party in
Authorized Signature	Diana (	Y Lerha	wh	Date Q	3/09	
Typed or printed name	Diana	R Geichcu	rdt_	Registration No	36,65	54
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450. Alexandria. Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria. Virginia 22313-1450.  Juder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						
<u> </u>	•		<u> </u>		-	